

**Michigan Department of Community Mental Health  
Mental Health and Substance Abuse Administration  
Improving Practices Infrastructure Development Block Grant  
Family Psychoeducation  
Program Narrative  
Quarterly Report**

Report Period 4-1-06 to 6-30-06

PIHP Community Mental Health for Central Michigan

Program Title Family Psychoeducation

Executive Director Linda Kaufmann

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PCA# 20702

Contract # 20061238

Federal ID 38-3599944

- A. System Transformation efforts and implementation activities of the Improving Practices Leadership Team (IPLT) during this quarter have consisted of the following. The IPLT Continued to monitor the progress of the grant funded Evidence-Based Practices (EBP's) Family Psychoeducation (FPE) and Parent PMTO. The strategic plan goal of assessing agency programs for cost effectiveness and efficiency was discussed and program selected to be evaluated. Another strategic plan goal was also reviewed. It involves ensuring the use of EBP's throughout the agency. Action steps and objectives have been established. Co-Occurring data was reviewed and plans put in place to increase the reporting of service for this population. Staff training needs surrounding the use of codes, and making sure to add the substance abuse diagnoses, was identified. The peer support specialist IPLT member is on the Michigan Recovery Council and continued to report updates.
- B. The Systems Change process and the impact of the Evidence-Based Practice have continued to develop. EBP is becoming increasingly more prevalent in the day-to-day practice of clinicians, committees, and administration. FPE and other EBP models are becoming more understood by clinicians, consumers and the community. CMHCM staff and IPLT members are doing explanations regularly because Evidence-Based Practices are not understood by most community committees and agencies. .
- C. Consensus building and collaborative service efforts with other systems and agencies began the 4<sup>th</sup> quarter last year and continued to take place the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> quarters of this fiscal year. There have not been formal collaborative service

efforts outside the CMHCM agency, although discussions have begun with partner agencies. Consensus building continued including discussions with family support groups, NAMI, clubhouses, Wraparound community teams etc. Presentations and discussions about FPE continue in the six county areas at staff meetings, community functions, and at committee meetings. Impressions and community feedback is being informally obtained and reviewed.

- D. Progress toward achieving outcomes of Family Psychoeducation continued, but slightly behind schedule in some areas. More time than anticipated has went into consumer and family selection for participation. We are finding that just because some FPE staff are excited about FPE doesn't mean that all staff, or consumers, want to refer to or participate. With the additional staff trained in June, there has been "new life" put back in 5 of the counties, which had helped get the momentum going again.

Five of the 6 counties continued to do joining with one completing that phase and holding the workshop. One county is doing Single Family Psychoeducation.

During the third quarter 11 more staff from 5 counties were trained. They will be joining the CMHCM Learning Collaborative on a regular basis with the previously trained FPE staff. The Learning Collaborative meets monthly with our national supervisor, Tom Jewell, participating via conference call. Tom fields questions and gives us direction clinically and procedurally.

Plans for continuous feedback were on hold this quarter until there are more participants in FPE across the board area. The contract for an outside agency to conduct focus groups and survey participants will be pursued when more groups are under way in more counties. Until then, informal feedback is being obtained.

- E. Staff training and technical assistance continued throughout the 3rd quarter. As noted earlier, 11 more staff have been trained in FPE. The CMHCM learning collaborative continued to meet on a monthly basis. Meetings address barriers to implementation, progress, training needs, and administrative issues. Tom Jewell continues to be a great resource and support for the program. Mary Ruffolo from the University of Michigan has been helpful with consultations on fidelity.
- F. During this quarter challenges and issues with implementation revolved around waiting for the June training to have more staff trained. Since learning more about FPE over the last year, we identified some different types of staff to be trained in June than we did last summer. This time we selected more staff that have consumers on their caseloads that would be appropriate for FPE, but were

not as worried about professional degree or disciplines. Already, they have started identifying consumers to participate.

As is true for everyone, a continual challenge is finding extra time, in addition to all other duties, to do Family Psychoeducation. Different ways to decrease caseload size during the first year of implementation is being looked at. CMHCM is re-evaluating the tool used to determine an appropriate caseload size.

- G. Data Collection methods continued to progress this quarter. Family Psychoeducation codes began to be clarified. After reviewing the data from the CMHCM system, compared to what is reported by staff at the learning collaborative, we have more work to do. There is more joining with consumers and families verbally reported at the meeting than was actually coded. It became apparent that staff are reluctant to code joining unless the consumer or family is fully committed to proceed with the multi-family group. This will be discussed at the CMHCM learning collaborative meetings. Data for the U of M fidelity study is being collected. This too will be reviewed repeatedly at the CMHCM learning collaborative to ensure consistency.
- H. Isabella County data showed 16 joining sessions held with 7 unduplicated consumers and their family members. Midland held 4 joining sessions with 2 different consumers, Clare 5 joinings with 3 different consumers, Gladwin 2 sessions with 2 consumers, and Osceola 2 joinings with 2 consumers. Isabella held the family workshop with 5 consumers and 7 family members in attendance for 5.5 hours. Since then 2 Multi-family group sessions have taken place during the 3<sup>rd</sup> quarter.
- I. CMHCM has committed many non-grant funded resources to FPE. The coordinator devotes at least 30% time to FPE. Direct staff 5-10% to FPE, with support/clerical staff duties assigned as needed. Additional travel around the 6 county board area for meetings and learning collaborative attendance, as well the coordinator's travel to the FPE Sub-committee meetings, is being absorbed by CMHCM. The board and administration have been extremely supportive with financial and staff resources as needed.

At this time the allocated resources are adequate and FPE is being implemented according to plan. Due to the training schedule being different than originally planned, carry over funding will be requested in fiscal year 06-07 as is being allowed for the FPE grant.
- J. The fourth quarter will focus on getting the newest trainees from June oriented to the model and the structure of the program at CMHCM. Several of them have already begun to engage consumers and families in joining. Two more of the counties have their workshop planned. A formalized process for feedback will be

discussed and strategies developed. The support group in Isabella has developed brochures and will be distributing them to consumers, families and community members. One of the western counties will continue to plan for starting a support group. As mentioned earlier the additional trained staff has helped bring renewed enthusiasm, as well as more staff resources to move forward.

Michigan Department of Community Health  
Mental Health and Substance Abuse Administration  
Improving Practices Infrastructure Development Block Grant  
Family Psychoeducation  
Program Narrative  
Quarterly Report Form  
FY 2005-2006

Report Period: April 1, 2006 through June 30, 2006  
PIHP: Detroit-Wayne County Community Mental Health Agency  
Program Title: Family Psychoeducation Project  
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PCA # Contract # 20061239 Federal ID: 38-6004895

A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

The Improving Practices Leadership Team has had two meetings since its initial meeting on March 21, 2006. At the June meeting, an overview of the Family Psychoeducation program was presented to committee members.

B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.

The FPE project coordinator held ongoing meetings with administrators and clinical supervisors within the provider organizations to continue consensus building, sustain commitment, and strengthen communication and collaboration. Administrative support is essential for attempts to carve out the structure and time for implementation of the program. Though internal coding for clinician's service activity log has allowed 4.5 hours of FPE activity, there remains intense pressure from workload issues. Excessively high caseloads and understaffing represent a major barrier to system transformation and implementation of evidence base practice. Facilitators and their clinical supervisors are not optimistic about this obstacle being adequately addressed and continue efforts to "work around it", but have been told by Dr. McFarlane in consultation during the June training, that he views this issue as very problematic and said to staff from all the project sites that these caseloads were, in his opinion, "unethical".

The FPE program has had an impact on the overall clinical perspective of the participating practitioners by broadening the assessment and intervention frame for all consumers to include family, social networks and complimentary recovery programs. Facilitators are working at incorporating an integrated perspective in clinical care and shifting clinical technique to a more direct and collaborative partnership style with consumers and families.

C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

Consensus building with provider administration and clinical staff has continued this quarter with emphasis on outreach to families, group recruitment and joining activities at Detroit Central City and Community Care Services. The project coordinator attends monthly meetings with Detroit Central City's Advisory Board and this quarter has attended meetings with the peer mentors group to address recruitment issues and collaborate on program modifications for DCC's program. Additionally, the FPE coordinator has had multiple outreach and educational meetings with Lincoln Behavioral Services and Development Center Incorporated, both service providers in Wayne County. Preliminary meetings were held with the agency administrators and followed by meetings with clinical supervisors and identified practitioners. A work plan for consensus building with agency staff and with consumer groups at Lincoln Behavioral Services has been developed and will begin with in-service educational meetings and distribution of training and informational material this month. Collaborative meetings with consumer advisory groups and NAMI will be scheduled for September. The coordinator will meet with DCI staff and administrators to de-brief following the 3 day training with McFarlane and discuss consensus building plans.

D. Briefly describe the progress toward achieving each of the FPE outcomes planned for this quarter.

1. The program coordinator attended the Community Planning Council meetings in April and June, 2006 and participated as a group facilitator in group visioning exercises for council members. Written material on the FPE model was developed for a CPC data resource book.
2. Ongoing consultation and education is being provided to all practitioners. For the three new practitioners recruited at CCS, the coordinator has been providing 2-3 hour consultation and support on a weekly basis and has scheduled supervision with Jeff Capobianco and Liz Dorda on July 10<sup>th</sup> to review joining process and prepare for the educational workshops scheduled this quarter. These practitioners attended the McFarlane training in June and were de-briefed in a 3 hour implementation meeting on June 27 with the program coordinator.
3. Weekly implementation meetings are held with group facilitators at each provider organization.
4. All fidelity and outcome measures have been reviewed with supervisors and practitioners, and are being implemented in the joining phase.
5. The project coordinator from WSU Project CARE attends the FPE Subcommittee meetings and regularly consults with Jeff Capobianco and Liz Dorda.
6. Training plans are being developed in collaboration with the pilot program supervisor, Jeff Capobianco and will be coordinated with a roll out plan for Detroit-Wayne County CMH, which is being developed by Project Care EBPs team. The coordinator has designed a presentation for staff in-service trainings and has put together implementation notebooks for planning and continued training.

7. The project coordinator and group facilitators are meeting with consumer advisory groups at multiple sites.
8. The joining process for two groups was initiated this quarter at Community Care Services in both Taylor and Lincoln Park, and was attempted at Detroit Central City. Arrangements for the educational workshop are completed for August.
9. There have been continued efforts at identification and recruitment of consumers and families for the Detroit Central City pilot site. Work with the intake practitioner and access department and consumer advisories has focused on identification of consumers and families who would benefit from the FPE program. The practitioners who are participating in the pilot have been unable to move forward with the project due to consumer recruitment issues. An evaluation of the FPE plans for Detroit Central City is currently being completed. Collaboration has included Jeff Capobianco, Mary Ruffolo, Hennie Warren (Deputy Director at DCC), FPE site facilitators, Mike Massanari and Terri Lerma of Project CARE, and McFarlane.
10. The FPE coordinator identified two additional providers interested in implementing the FPE program. Consensus building and preliminary education meetings have been started at Lincoln Behavioral Services and Development Centers Inc. Both organizations sent practitioners to the McFarlane training in June.

E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services.

The project coordinator meets weekly with the pilot sites to provide ongoing consultation and educational support for the practitioners. Additional literature and a simplified power point presentation have been reviewed with the supervisors and practitioners. Literature on family psychoeducation has been provided at each new pilot site. A binder with important documents for evaluation, specific training material, FPE assessment and referral questions for access workers, and work plan flow charts is being constructed with facilitators from newly identified provider organizations. Ongoing supervision from Jeff Capobianco and Liz Dorda has been provided. Eleven staff attended the three-day training with Dr. McFarlane in June, and the Fall '06 three day training is being promoted for multiple provider organizations in Wayne County.

F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

The major implementation issues to emerge during last quarter's implementation efforts as a serious barrier are understaffing and excessively large caseloads. Clinicians are overwhelmed by this issue and this makes any program development exceedingly difficult as well as undermines the provision of good clinical work and innovation. It contributes to burnout. Because there has been exceptional guidance and assistance from a clinical supervisor at CCS, who has championed FPE, the program has advanced despite this obstacle. However, at DCC where the clients served have few family or community ties, recruitment has not been successful. Modification of the program needs more energy and time at DCC where the majority of consumers are middle age males,

with co-existing disorders, no family and few community resources. Despite months of efforts, the facilitators have been unable to get the program off the ground. Facilitators now believe that the program is not a good fit for their population.

A consultation with Dr. McFarlane was not productive. A July 10<sup>th</sup> meeting with the project coordinator, FPE supervisors, DCC Deputy Director, Clinical Division manager and one of the facilitators was held to discuss the problems with implementation and recruitment. Dr. Mary Ruffolo had offered that this model may not be best suited for this particular provider site, and that ongoing efforts might prove demoralizing for an already overworked staff. The FPE coordinator has had similar concerns. Facilitator frustration was specifically addressed. Hennie Warren, the Deputy Director of DCC, is very energetic and determined to “find a place for this model” within the existing programs. Jeff Capobianco stressed the need to look at the systemic issues and develop a plan to address issues and implement change. He is concerned that FPE will become an “add on” and thus be insufficiently integrated into the agency strategic plans and activities. Ms. Warren’s energetic determination is not shared by the group facilitators or their supervisor. The FPE coordinator will meet with Ms. Warren, the clinical division supervisor and the facilitators to review the possibility of applying FPE group format and problem solving techniques to existing IDDT group whose members may want to use a more advanced therapeutic method in their recovery efforts. This is an idea that will be given careful consideration. Regarding the practitioner’s frustration, the FPE coordinator has stressed the need for additional in-house clinical supervisory support for the facilitators who are all new professionals. This is difficult due to workload issues. A meeting with Ms Warren, the supervisor, and the facilitators will continue to address the feasibility of the new plan and the modifications required and will be held Monday, July 17.

G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

Coordinator and facilitators have reviewed the data collection protocol and are beginning the collection of consent forms, record extraction forms and joining evaluation.

H. Describe the target population/program served during this quarter.

Target population is currently being identified at Detroit Central City and will probably include consumers with dual diagnosis. Community Care Services will start two groups for consumers diagnosed with schizophrenia or schizoaffective disorder. A group for consumers diagnosed with bi-polar illness is being considered in the CCS Belleville office.

I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation /continuation with all the allocated resources?



All organizations have donated staff time and for training and implementation meetings. Issues related understaffing and excessive caseloads must be addressed to achieve program sustainability.

J. Describe the activities planned to address the project's goals and objectives the next quarter.

1. Continue to follow progress of work with the Improving Practices Leadership Team and attend the Community Planning Council on a monthly basis.
2. Continue to provide in-service training, consultation and support to practitioners at all pilot sites.
3. Continue to meet with group facilitators on a weekly basis to plan program implementation.
4. Meet with Advisory Councils and recovery groups to continue consensus building and to develop inter-organizational collaboration.
5. Continue to attend the FPE subcommittee meetings.
6. Complete joining phase and conduct educational workshop for two groups at Community Care Services.
7. Develop training plans in collaboration with FPE subcommittee, Project CARE, and Detroit-Wayne County CMH.
8. Evaluate viability of FPE pilot for Detroit Central City.
9. Begin fidelity and outcome collection for implemented programs.
10. Develop consensus building and implementation plans for Lincoln Behavioral Services and Development Centers Inc. Set regularly scheduled meeting times with identified clinical staff for ongoing consultation and technical support.
11. Develop educational outreach and consensus building plans for promotion of FPE programs in provider organizations in Wayne County. Collaborate with FPE subcommittee, Community Planning Council, Improving Practices team, Project Care team and providers on program development.

Signature: *R. Michael Massanari MD MS* 7/13/06  
Submitted by: R. Michael Massanari, MD, MS, Executive Director ~~7/23/06~~  
Wayne State University Project CARE

D-WCCMHA ONLY

This report has been reviewed and approved by:

*Maive R. Thomas*, D-WCCMHA Contract Manager, *August 2, 2006*  
Name Division Date

**Michigan Department of Community Health  
Mental Health and Substance abuse Administration  
Improving Practices Infrastructure Development Block Grant  
Family Psychoeducation  
Program Narrative  
Quarterly Report**

Report Period 4/1/06 - 6/30/05  
PIHP Genesee  
Program Title Family Psychoeducation  
Executive Director Dan Russell  
Address 420 W Fifth Ave  
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Phone: \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
PCA# \_\_\_\_\_ Contract # \_\_\_\_\_ Federal ID \_\_\_\_\_

- A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team:  
**The team continues to oversee progress in implementation of EBP and review actions taken, trainings attended, and confirms next steps to be taken by the PIHP. Plans to move FPE into the contract network (FY07) have begun and are being discussed, including training of contract staff, development of contracts, and infrastructure development.**
- B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change:  
**EBP educational materials have been created by the PIHP and continue to be distributed to the network and individuals served, creating a feedback loop to key PIHP individuals and Improving Practices Leadership Committee. Stakeholder and community partner awareness sessions have been conducted and continue. Reports to the GCCMH board of directors have been conducted and will continue to occur.**
- C. Briefly summarize consensus building and collaborative service efforts with the other systems and agencies that have taken place during this quarter:  
**Stakeholder and community partner awareness sessions have been conducted and continue. Reports to the GCCMH board of directors have been conducted and will continue to occur.**
- D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter:  
**We have begun providing MFG for 5 families. The RFP process for the video-teleconferencing equipment should conclude soon. We have attained the involvement and support of NAMI.**
- E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and each of

their roles in the FPE project:

**CMHSP staff continue to attend learning collaborative sessions. PIHP and CMHSP staff continue to conduct clinical supervision appointments with Ed Owens. The unduplicated number of staff conducting the practice is 3, two of which function as coordinators. We have just recently had two more staff complete FPE 101 with the intent that they also become coordinators at a different site.**

- F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

**Since our decision to conduct initial groups within our directly-operated provider, we have encountered no barriers.**

- G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

**Final versions of Data Collection and Process Monitoring activities were received from Mary Ruffalo and were implemented in collaboration between QM and the internal provider conducting MFG. Collection of data continues during the course of FPE.**

- H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)

**The first FPE group contains families of individuals newly diagnosed with schizophrenia. We have gone through the joining process with 7 families, 5 of whom have committed to the group. Each of the 5 individuals has 2-3 support persons that accompany them, making our group size around 20 participants.**

- I. Describe PHIP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

**No amendment required**

- J. Describe the activities planned to address the project's goals and objectives for the next quarter.

**Implementation of a group for mood disorders is planned for next year. Genesee PIHP is working with contract providers to build network capacity and the volume of FPE being conducted for FY07.**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
MENTAL HEALTH AND SUBSTANCE ABUSE ADMINISTRATION  
IMPROVING PRACTICES INFRASTRUCTURE DEVELOPMENT BLOCK GRANT  
FAMILY PSYCHOEDUCATION  
PROGRAM NARRATIVE  
QUARTERLY REPORT

Report Period: 04-01-06 to 06-30-06

PIHP: LifeWays

Program Title: Family Psychoeducation Training and Service Project

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PCA#: 05B1CMHS-03 Contract #: 20061242 Federal ID: 38-2056235

A. SYSTEMS TRANSFORMATION EFFORTS & IMPLEMENTATION ACTIVITIES OF THE IMPROVING PRACTICES LEADERSHIP TEAM (IPLT):

The IPLT recruited the final representative for the team which was the parent of a child. Therefore, the IPLT has all required representatives. The IPLT finalized bylaws which outline: membership, meeting attendance, termination of membership and voting, along with the process for developing and implementing all evidence based practices. The IPLT finalized an educational brochure and Powerpoint presentation that explains the FPE process. Contracts for the FPE providers were finalized and signed. Clinicians from both FPE network providers participated in the Dr. MacFarlane training. Other system transformation outside FPE included: 1) the EBP Coordinator submitted and RFP for the IDDT block grant, 2) the EBP Coordinator participated in IDDT subcommittee meetings, 3) the EBP Coordinator began participation on LifeWays' Michigan Medication Algorithm Team, 4) the IPLT received information about IDDT and was offered the opportunity to offer feedback, and 5) the IPLT received information about the Michigan Medication Algorithm project and offered feedback, which the EBP Coordinator will take back to the Algorithm team.

B. SYSTEMS CHANGE PROCESS ACTIVITIES DURING THIS QUARTER AND THE IMPACT OF THIS EVIDENCE-BASED PRACTICE PROCESS ON CREATING SYSTEMS CHANGE: The focus, during this quarter, was the development of bylaws for the IPLT which has helped the team move forward in a productive and systematic fashion. The IPLT finalized the following processes:

- A process for obtaining continuous feedback from consumers, families, local NAMI advocates, Clubhouses, drop-in centers, the community and staff.
- Finalized the educational brochures for the FPE program so consumers, families and the community may be educated on the new services that will be offered starting in July 2006.

- Finalized a process for the development and implementation of any new evidence based practices, promising practices and/or emerging practices that may be suggested for introduction into the LifeWays provider network.

C. CONSENSUS BUILDING AND COLLABORATIVE SERVICE EFFORTS WITH OTHER SYSTEMS AND AGENCIES THAT HAVE TAKEN PLACE THIS QUARTER:

Activities included the following

- Contract finalized with two network providers to provide FPE services,
- Both providers attended FPE training (total of 10 clinicians trained).
- The EBP Coordinator and FPE provider attended Learning Collaborative in May.
- The EBP Coordinator attended MACMHB conference in May.
- Program Leader for FPE attended the FPE Subcommittee meeting and presented at the MACMHB Spring Conference ("FPE: Lessons Learned").
- FPE providers have been given instructions on how to use the Listserv for FPE. Therefore, they will have direct access to other providers who have already implemented the program.

Other activities outside the FPE development but within system transformation efforts include the EBP Coordinator participating in the following activities:

- IDDT activity such as subcommittee meetings
- Measurement workgroup for IDDT
- IDDT learn and share meeting
- Attended IDDT conference in Columbus, Ohio (May, 2006)

D. PROGRESS TOWARD ACHIEVING EACH OF THE FAMILY PSYCHOEDUCATION PROJECT OUTCOMES PLANNED FOR THIS QUARTER:

Phase I (Consensus Building: Awareness): All activities have been completed with the development of a process for obtaining continuous feedback from consumers, families, local NAMI advocates, Drop In Centers, the community and staff.

Phase I (Consensus Building: Education): All activities were completed with the two selected providers attending the MacFarlane training (10 clinicians trained). Educational introductory materials for FPE were also developed.

Phase I (Consensus Building: Structural & Clinical Improvements): All activities have been completed with FPE staff being trained.

Phase II: Enacting – Awareness:

All activities completed with the implementation of a process for obtaining continuous feedback from consumers, families, local NAMI advocates, Drop In Centers, the community and staff.

E. STAFF TRAINING AND TECHNICAL ASSISTANCE OBTAINED DURING THIS QUARTER, HOW UTILIZED FOR PROGRAM DEVELOPMENT AND IMPROVING SERVICES:

Staff from both FPE providers were trained at the MacFarlane training June, 2006.

UNDUPLICATED NUMBER OF STAFF TRAINED: 10

ROLES OF TRAINED STAFF IN THE FPE PROJECT: Therapist and Case Managers

F. CHALLENGES/ISSUES

CHALLENGES/ISSUES ENCOUNTERED IN THE IMPLEMENTATION DURING THIS QUARTER:

During this quarter the only previous challenge continued to be the recruitment of a parent of a child. However, the IPLT has successfully found a volunteer to fill that position. The only current challenge is assisting selected providers with the implementation of FPE. Some concern is that it may take several months for the FPE providers to join with consumers and conduct the first workshop. However, the EBP Coordinator is working with the providers to set up a timeline so that there will be data that can be submitted by the end of this fiscal year. See "action taken" (below) for a time table of when data will be available from the FPE implementation.

ACTION TAKEN TO ADDRESS CHALLENGES/ISSUES:

A work plan for implementation of FPE within two network provider organizations is the following:

- o Week of July 24<sup>th</sup> – 1<sup>st</sup> joining session
- o Week of July 31<sup>st</sup> – 2<sup>nd</sup> joining session
- o Week of August 7<sup>th</sup> – 3<sup>rd</sup> joining session
- o Week of August 14<sup>th</sup> or 21<sup>st</sup> Educational Workshop
- o Week of August 28<sup>th</sup> – 1<sup>st</sup> FPE group
- o Week of September 11<sup>th</sup> – 2<sup>nd</sup> FPE group
- o Week of September 25<sup>th</sup> – 3<sup>rd</sup> FPE group
- o Week of October 9<sup>th</sup> - 4<sup>th</sup> FPE group

G. PIHP ACTION RELATED TO DATA COLLECTION, FIDELITY AND PROCESS MONITORING ACTIVITIES TO ACCOMPLISH PROJECT GOAL: The EBP Coordinator and FPE providers will be meeting with Mary Ruffalo from the University of Michigan in July to review data collection processes so that data can be collected accurately. After the meeting a work plan for data collection, fidelity and process monitoring activities will be developed.

H. TARGET POPULATION/PROGRAM SERVED DURING THIS QUARTER:

Unduplicated Individuals this Quarter: 0

Unduplicated individuals this fiscal year: 0

Demographic and Diagnostic Data: N/A

I. LIFEWAYS' FINANCIAL AND IN-KIND SUPPORT UTILIZED TO SUPPORT THIS PROJECT: Nothing to report.

STATUS OF SUSTAINABILITY PLANNING: Nothing to report.

PROBLEMS WITH IMPLEMENTATION/CONTINUATION WITH ALL THE ALLOCATED RESOURCES: None noted.

SHOULD AN AMENDMENT BE INITIATED? No.

J. ACTIVITIES PLANNED TO ADDRESS PROJECT GOALS AND OBJECTS FOR THE NEXT QUARTER:

Phase II: Enacting - Structural & Clinical Improvement:

- Implement process to collect and analyze data and identify opportunities for improvement.

Phase II: Enacting – Continual Improvement & Support:

- Use performance data to inform all decision-making.
- Enhancements in training needs defined and developed.
- Local implementation of additional EBP's such as IDDT and Michigan Medication Algorithm.

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Family Psychoeducation  
Program Narrative  
Quarterly Report**

Report Period: 04-01-06 to 06-30-06  
PIHP: Lakeshore Behavioral Health Affiliation  
Program Title: Family Psychoeducation  
Executive Director: James Elwell  
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**PCA# 20709 Contract # 20061244 Federal ID:**

- A. Briefly summarize the Systems transformation efforts and implementation activities of the Improving Practices Leadership Team.
- The Improving Practices Leadership Team (IPLT) continues to meet monthly and oversees the implementation of five Evidence Based Practices: Family Psychoeducation, Integrated Dual Disorders Treatment, Parent Management Training, Recovery/WRAP, and Jail Diversion. In addition, it reviews reports from IPLT members serving on the state-wide Recovery Council and DD Practice Improvement Team. The IPLT has continued to discuss the Federal and State vision for a transformed mental health system, including proposed values, principles, and practices of a transformed mental health system. Further presentations and consensus building has taken place during this past quarter with the goal of adopting an affiliation vision for transforming the Lakeshore Behavioral Health Alliance.
- B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.
- Additional FPE training has occurred, with 7 new people being trained, 4 from Muskegon and 3 from Ottawa. The Case Managers' case loads have been adjusted to accommodate the time demands of Family Psychoeducation responsibilities.
  - A Clinical Services Supervisor from Muskegon County continues to serve as Coordinator for Family Psychoeducation for the Affiliation.



- Initial groups continue to meet
  - New staff are in the process of holding joining sessions with potential MFG participants.
- C. Briefly summarize consensus building and collaborative services efforts with other systems and agencies that have taken place during this quarter.
- Clinical Supervisor/Coordinator has continued to attend Learning Collaboratives and Sub-Committee meetings in Lansing, as well as networking with personnel from other agencies implementing FPE. We have monthly contacts with our consultants from the Maine Medical Center to ensure fidelity to the Family Psychoeducation model, as well as to offer feedback and suggestions for continual improvement.
- D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.
- Implementation team adds 4 new staff for Muskegon County and 3 new staff for Ottawa County. *New staff attended a 3 day FPE training June 20-22, 2006.*
  - Implementation teams receive ongoing consultation, supervision and coaching. *Cynthia Hakes and Rick Hunter, along with designated staff, continue to attend Learning Collaborative Meetings in Lansing; Both Muskegon and Ottawa CMH's maintain ongoing contact with FPE consultant at the Maine Medical Center, as well as with each other.*
  - Educate PIHP Board members and Executive Directors. Educate and train Agency staff. *We have invited clinical supervisors to attend FPE staff meetings, and have scheduled brief presentations with case manager teams. We have expanded our staff meetings to include newly trained case managers.*
  - Develop and implement data collection, integration into local QI process and knowledge information system and analysis. *We met together with Deb Fiedler, Quality Assurance Specialist and Cynthia Hakes, Clinical Services Supervisor II and FPE Coordinator, from Muskegon County, and Rick Hunter, Community Support Program Coordinator, and Greg Hofman, Director of Quality Improvement, from Ottawa County, to further discuss outcome data collection. Cynthia Hakes and Rick Hunter maintain communication with Mary Ruffalo from the University of Michigan, for analysis and data collection for the FPE program.*
  - Lakeshore Behavioral Health services will report progress on a quarterly basis. FPE Subcommittee will address initial and on-going fidelity and outcome measures. *FPE Subcommittee, Learning Collaborative and IPLT offer*

*opportunities for on-going reporting to ensure consistent implementation and fidelity to the model.*

- E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

Seven additional staff received training at the FPE training conference held in Romulus, 6/20/06 through 6/22/06. Training and assistance from conference trainers were utilized for educating new staff in the FPE program. Staff who received training were: Nick Grinwis, Suzan Zuidema, Cindy Chattulani, and Dave Gawron from Muskegon County CMH, and Nichole Brunn, David Neal and Pam VanNoord, from Ottawa County CMH.

- F. Briefly identify any challenges or issues encountered in implementation during this quarter, and the action taken to address them.
- Consultant in Maine continues to have difficulty reading DVDs sent from Muskegon County. Both I.S. departments are working to correct this situation.
- G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.
- Deb Fiedler and Cynthia Hakes, from Muskegon County, and Rick Hunter and Greg Hofman from Ottawa County, met to further discuss outcome data collection. Cynthia Hakes and Rick Hunter maintain communication with Mary Ruffalo from the University of Michigan, who continues to provide analysis and data collection feedback for the FPE program. Upon review of data, and discussions with Dr. Ruffalo, it was determined that both Muskegon County CMH and Ottawa County CMH have been successful with implementation of FPE within the parameters of the fidelity scale.
- H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)
- This project focuses on persons with a diagnosis of Schizophrenia, and their family members and significant others. Muskegon County CMH has a total of 7 consumers and approximately 17 family members involved in the current MFG, and Ottawa County CMH has 5 consumers and approximately 9 family members in the current MFG.

- I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?
- A block grant was received for this project. There have not been any identified problems with implementation relative to allocated resources; no amendment is necessary at this time. It is anticipated that this project will be self-sustaining at the end of 2 years.
- J. Describe the activities planned to address the project's goals and objectives for the next quarter.
- Ottawa County plans to hold its 2<sup>nd</sup> Educational Workshop on September 9, 2006.
  - Muskegon County plans to hold its 2<sup>nd</sup> Educational Workshop on September 16, 2006.
  - Both Muskegon and Ottawa will plan to begin 2 new Multi-Family Groups each, in September of 2006.
  - FPE staff meetings will continue on a regular basis for both counties.
  - Consultation will occur at least once per month.
  - New FPE staff members are currently in the *Joining* phase.

**Michigan Department of Community Health  
Mental Health and Substance Abuse Administration  
Improving Practices Infrastructure Development Block Grant  
Family Psychoeducation  
Program Narrative  
Quarterly Report**

Report Period: April 1, 2006 – June 30, 2006  
PIHP: North County Community Mental Health  
Program Title: Block Grants for Community Mental Health Services  
Executive Director: Alexis Kaczynski  
Address: One MacDonald Drive, Suite A, Petoskey, Michigan 49770  
Contact Person: Dave Schneider  
Phone: (231) 439-1234 Fax: (231) 347-1241 E-Mail: [daveschneider@norcocmh.org](mailto:daveschneider@norcocmh.org)  
PCA#: 20711 Contract #: 20061246 Federal ID Number: 37-1458744

**A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.**

During the past quarter, particular attention has been given to educating the Operations Committee (Director and one staff from each member Board) on the role and function of the IPLT. This is consistent with the transitional stage the IPLT is currently entering. As the family psychoeducation program becomes more established, the IPLT may now shift its attention from implementation to study and planning for other practice improvements.

System transformation was a primary emphasis of the regional planning session conducted in April. The agenda for the one and a half day planning session was developed with the intent of promoting discussion of the need for transformation. More important than the agenda, however, was the staff-initiated focus on system transformation. The plan developed includes a review of utilization criteria for various service programs, continued outcomes analysis, and more clinically focused meetings. Each of these activities will provide the IPLT with needed information to complete its charge.

**B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.**

The system transformation process is continuing. A primary goal of the newly developed regional strategic plan is the preparation for integrated services for individuals with co-occurring mental illness and substance abuse disorders. This includes participation in the state sub-committee for IDDT COD and an assessment of organizational readiness. As noted above, other efforts resulting from the regional planning effort will be integral to the system change process, including reviewing utilization criteria and service outcomes.

C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

This remains the same as last quarter, with the primary focus of activities being staff and stakeholder groups.

D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.

Phase I, Adaptation & Evaluation objectives are progressing. Inconsistencies in data collection have been addressed. Initial reports will be available in August to begin developing a baseline for the program.

Phase II, Enacting, Awareness. Only limited feedback is being received, mostly through the multi-family groups. It is important to review staff feedback mechanisms and assure that staff are providing feedback.

Phase II, Enacting, Structural & Clinical Improvement. Data collection and processing is underway. Reports will be generated in August.

E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

Supervision with William Elgee, as well as attendance at the Learning Collaborative, have continued during the third quarter and will be ongoing. Additionally, a second group of staff attended the McFarlane training in June.

Training presentations have also been presented to various staff and Board meetings during the past quarter. As noted, system transformation was also a primary focus of the regional planning session conducted in April.

F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

Challenges identified in the last quarterly report, specifically the need for “just in time” training and geographic issues, continue to be the most significant challenges. In addition, the accurate and consistent completion of forms for the statewide outcome study has also proven to be a challenge. However, this is being resolved.

G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

Data collection has included service data and outcomes data. The PIHP is participating in the statewide outcome study and data is being collected consistent with the instructions of Dr. Ruffolo. Upon first analysis of the data collected, a number of “differences” were identified. A conference call meeting was conducted to clarify the data collection instructions. Improvements have been noted. The data is being submitted to Dr. Ruffolo.

During the forth quarter, it is anticipated that this data will be reported and reviewed by the IPLT. While it is too early to measure model fidelity, the data will be useful in the implementation of additional program sites.

H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during the fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goal.)

To date, a total of 22 individual consumers and their families have been served through this program, including seven at NCCMH, seven at NEMCMH and eight at AVCMH. Recipients range in age from 21 to 64 years old, with a fairly consistent spread between those ages. Diagnostically, 18 of the 22 have a primary diagnosis of 295.xx.

I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

No problems are anticipated in the continuation of the service. An amendment was filed during the past quarter to redirect funding from service delivery to system transformation.

J. Describe the activities planned to address the project's goals and objective for the next quarter.

The next quarter will see the following activities:

- Continued meetings of the Stakeholder Group  
Continued meetings of the IPLT with a more well defined charge.
- Creation of the FPE Subgroup to address specific implementation issues and report to the IPLT.  
Initiation of a second program site at each Board.  
Recruit and hire individuals for new position responsible for assisting in training and transition to evidence based practices. (See Amendment file in April)  
Increased participation in state IDDT COD Subcommittee.
- Develop an assessment process to evaluate the readiness of each Board to begin integrated treatment for persons with co-occurring mental illness and addiction disorders.

**Michigan Department of Community Health  
Mental Health and Substance Abuse Administration  
Improving Practices Infrastructure Development Block Grant  
Family Psychoeducation  
Program Narrative  
Quarterly Report**

Report Period	<u>4/1/06-6/30/06</u>		
PIHP	<u>Oakland County Community Mental Health Authority</u>		
Program Title	<u>Family Psychoeducation Block Grant</u>		
Executive Director	<u>William J. Allen</u>		
Address	<u>2011 Executive Hills Blvd., Auburn Hills, MI, 48326</u>		
Contact Person	<u>Erin McRobert</u>		
Phone:	<u>248-858-2198</u>	Fax <u>248-975-9543</u>	E-mail <u>mcroberte@occmha.org</u>
PCA #	Contract #	Federal ID <u>38-34375</u>	

A. The Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team have included:

- The Improving Practices Leadership Team has met twice during the quarter. A charter was reviewed and will be signed at the next meeting.
- Work Groups chaired by members of the Improving Practices Team have been meeting to develop work plans. Work plans are in draft form for FPE, ACT, Young Adult Work Groups, and DBT. Work Plans are also being developed for Clinical Administration Practices Team.
- AMI members requested to participate on the Best Practices Work Groups. They were invited to send a member to the Adult Best Practices Group but no one attended. Follow up occurred and a representative may be at the next meeting.

B. The Systems Change process activities occurring this quarter include, ACT work group made up of ACT managers from each of the core provider agencies began to meet together to discuss issues, barriers, and begin to develop a work plan to address the barriers. The Young Adult Group drafted a document they plan to present to Adult Best Practices regarding service implementation barriers. It is too early to see the impact of the Evidence-Based Practice process on creating systems change however using a new process and identifying an organizational structure to look at these issues and discuss systems barriers will have an impact on creating systems change. Quality Improvement and Information Systems have been helpful in gathering baseline data information for the various Adult Best Practice Work Groups.

C. Consensus building and collaborative service efforts continue to occur. PIHP has requested AMI identify family member(s) interested in participating on the Adult Best Practices Team. It is expected this will continue throughout the 2006 year. Discussions occurred with PIHP and Provider Agency regarding Train the Trainer activities with

respect to FPE. PIHP agreed to have two people from Easter Seals who met Dr. McFarlane's criteria to participate in the Train the Trainer.

D. There has been progress toward achieving the FPE project outcomes planned for the second quarter. Outcomes from the work plan are as follows:

<i><b>Date</b></i>	<i><b>Activity</b></i>	<i><b>Outcome</b></i>	<i><b>Additional and Next Steps</b></i>	<i><b>Due Date</b></i>
4/1/06-6/30/06	Coordinator Support	<p>Kim Wyatt continues to coordinate provider billing reporting information, scheduling meetings, track training and Collaborative participation. This quarter,</p> <ul style="list-style-type: none"> <li>• She has gathered information from agencies re: brochure.</li> <li>• She has collected, entered, and sent countywide evaluation data to U of M per consultation w/ Mary Ruffalo and Evaluation Guidelines.</li> <li>• Begin discussions with PIHP IS department re: Best Practice Web page focusing on FPE first.</li> </ul> <p>Meeting with draft outline scheduled for 7/12/06.</p>	<p><b>Continue as is ongoing process</b></p> <p>Focus efforts on obtaining evaluation information from FPE providers for the purpose of sharing evaluation information w/ U of M per the evaluation plan.</p> <p>Continue work on brochure.</p> <p>Continue arranging/ Tracking Learning Collaborative and Trainings.</p> <p>Continue tracking expenses related to the FPE grant.</p>	9/30/06
10/1/06	Adult Best Practice Work Group meets regularly to develop/refine	<ul style="list-style-type: none"> <li>• FPE Coordinator Meetings occurred</li> <li>• Learning Collaboratives occurred</li> </ul>	<p><b>Continue</b></p> <p>Identify Training and supervision</p>	9/30/06



	work plans.	<ul style="list-style-type: none"> <li>• 15 persons participated in FPE Training.</li> <li>• 2 Easter Seals Coordinators participated in Train the Trainer</li> <li>• Coordinators have begun to implement U of M Monitoring and Evaluation Plan.</li> <li>• Documented any deviations from the model and sent to U of M.</li> <li>• PIHP provides ongoing support to FPE providers re: implementation plans, ongoing training, and technical assistance re: evaluation.</li> <li>• Shared and developed Year 2 FPE Work Plan as it is related to the Grant.</li> </ul>	<p>needs and plan for following year. ( See finished FPE work Plan)</p> <p>Continue collecting baseline data.</p> <p>Continue providing ongoing support.</p> <p>Develop strategies to increase stakeholder involvement</p> <p>Develop strategies to reduce barriers related to sustainability.</p>	
10/1/05 3/31/06	<p>Core agencies will each have 5 MFPE groups up and running by 8/31/06.</p> <p>(See explanation and Charts below)</p>	<p><b>Easter Seals</b> –No new group development this quarter. Young Adult Workshop for Group 2 scheduled August 26, 2006 and Adult Work Shop Group 3 scheduled August 26, 2006. Both groups will focus on jail diversion/court involved populations. Adult Group 4 Workshop is scheduled for September 2006.</p> <p><b>CNS-4</b> groups are going. A fifth group participated</p>	<p><b>Continue</b></p> <p>(Refer to Agency Charts)</p>	9/30/06

		<p>in a workshop. The group has been put on hold due to the desire by the casemanager to add more people from a residential home across the street to the original group home. The additional people will need to participate in a workshop. This 5<sup>th</sup> group is scheduled to be up and running in August 2006.</p> <p><b>TTI-</b> The Young Adult Group began in January. 3 more families joined this group in May. TTI sent 7 people to training. They are joining and preparing to begin 2-3 more groups before the end of August 2006.</p>		
7/1/06	Educate and create awareness among stakeholders	<ul style="list-style-type: none"> <li>• Adult Best Practices Leader met with AMI representatives @ the AMI Roundtable meeting held at OCCMHA.</li> <li>• Improving Practices Leader presented to the AMI group in March and discussed OCCMHA structure for Best Practice implementation etc;</li> </ul>	<p><b>Continue</b> meeting w/ staff, providers, consumers, families, Board members. Increase dialogue and understanding about evidenced based practices and FPE.</p> <p>In the third quarter, 2 presentations occurred involving stakeholders participating in Improving Practices Leadership as well as a</p>	9/30/06

			presentation with FPE family members.	
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**Community Network Services (CNS)** The fifth group is a residential group and will be up and running fully by August 2006.

CNS Groups	Population	Consumers	Consumers/ Family/Friends	Date Workshop	Group Date
Walled Lake Casemanagement	Adults w/Bipolar	0-1 <sup>st</sup> quarter 5-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter	0-1 <sup>st</sup> quarter 5-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter	3/11/06	4/11/6
Pontiac Casemanagement	Adults w/Schizophrenia	0-1 <sup>st</sup> quarter 4-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter	0-1 <sup>st</sup> quarter 5-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter	3/11/06	4/11/06
Young Adult Group	Young Adult 18-25	0-1 <sup>st</sup> quarter 5-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter	0-1 <sup>st</sup> quarter 8-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter	3/25/06	4/5/06
Residential	Adults	0-1 <sup>st</sup> quarter 0-2 <sup>nd</sup> quarter 3-3 <sup>rd</sup> quarter	0-1 <sup>st</sup> quarter 02 <sup>nd</sup> quarter 3-3 <sup>rd</sup> quarter	5/06 Work shop occurred /next one scheduled with additional group members 8/06	5/06/ 8/06
ACT	Adults	0-1 <sup>st</sup> quarter 5-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter	0-1 <sup>st</sup> quarter 8-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter	3/11/06	4/11/06

Easter Seals plans to work on joining during July 2006. They intend to start 2 groups in August 2006 and one more in September 2006.

Easter Seals (ES) One Young Adults Group has been running. *****Four new Seals Groups	Population	Consumers	Consumers/ Family/ Friends	Date Workshop	Group Date
AMHS	Young Adults Ages 18-25*****	9-1 <sup>st</sup> quarter 4-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter	15 family members 6 family Members 0 family members	2/4/06	2/16/06

Collaborative Solutions	Young Adults	0-1 <sup>st</sup> quarter 0-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter	0-1 <sup>st</sup> quarter 0-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter		8/26/06
Collaborative Solutions	Adults	0-1 <sup>st</sup> quarter 0-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter	0-1 <sup>st</sup> quarter 0-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter		8/26/06
ACT	Adults	0-1 <sup>st</sup> quarter 0-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter	0-1 <sup>st</sup> quarter 0-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter		9/16/06

### Training Treatment and Innovations (TTI)

TTI Groups	Population	Consumers	Family +Consumers	Date Group Began	Workshop Date
Oxford- MPE	Young Adults*****	5-1 <sup>st</sup> quarter 0-2 <sup>nd</sup> quarter 2-3 <sup>rd</sup> quarter	16-1 <sup>st</sup> quarter 0-2 <sup>nd</sup> quarter 4-3 <sup>rd</sup> quarter	1/10/06 5/06	12/05 5/06
Oxford-SFE	Young Adult	1-1 <sup>st</sup> quarter 0-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter	3-1 <sup>st</sup> quarter 0-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter	12/05	12/05
Madison Hts.	Oakland ACT 12 families in process of joining	0-1 <sup>st</sup> quarter 0-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter	0-1 <sup>st</sup> quarter 0-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter		8/21 and 8/23
Oxford	Residential	0-1 <sup>st</sup> quarter 0-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter	0-1 <sup>st</sup> quarter 0-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter		9/11
Casemanage.		0-1 <sup>st</sup> quarter 0-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter	0-1 <sup>st</sup> quarter 0-2 <sup>nd</sup> quarter 0-3 <sup>rd</sup> quarter		9/19 and 9/21

### E. Staff Training and technical assistance obtained during this quarter includes,

Training	Agency/Names	Role in FPE	Improving Practices Leadership Members
6/19/06-6/22/06	<u>Easter Seals</u>		
Train the Trainer	Chuck Saperstein Peter Rett	FPE Coordinators	
McFarlane FPE	<u>Easter Seals</u>		
	Keli Kildow- Polymeneas	Facilitator	
	Cassandra McKeown	Facilitator	
	Shelly Krajewski	Facilitator	
	Amber Beckman	Facilitator	
	Kelly Schlosser	Facilitator	
	<u>TTI</u>		
	Pam Graverette	Facilitator	
	Alysa Wamsler	Facilitator	
	Ryan Ashley	Facilitator	
	Jenna Thompson	Facilitator	

	<b>Mellena Martinez</b>	<b>Facilitator</b>	
	<b>Jerri Milkobi</b>	<b>Facilitator</b>	
	<b>Patricia DeLoughy</b>	<b>Facilitator</b>	
	<b><u>CNS</u></b>		
	<b>Martha Rodgers</b>	<b>Supervisor</b>	
	<b>Laura Farwell</b>	<b>Education Supervisor</b>	
	<b>Judy Quinn</b>	<b>Facilitator</b>	
<b>Learning Collaborative</b>  <b>5/12/06</b>	<b><u>Easter Seals</u></b> <b>Shari Goldman</b> <b><u>CNS</u></b> <b>Amy Yashinsky</b> <b><u>OCCMHA</u></b> <b>Erin McRobert</b>	<b>ES Best Practices Manager</b>  <b>Facilitator</b>  <b>Assist in Coordination of FPE and Adult Best Practices</b>	<b>Shari Goldman</b> <b>Erin McRobert</b>

F. Challenges encountered during the quarter regarding implementation include:

**CNS-** a delay in beginning the fifth group after the members completed the joining and workshop phase. The FPE coordinator is waiting on the casemanager who is trying to complete joining and another workshop for three more members. The problem solving part of the group should begin in August.

**Easter Seals-**Joining is occurring with members of two more groups scheduled to begin. Facilitators were trained in June.

**TTI-** More staff needed to participate in training. 7 more persons were trained in June and plans are being made for implementation to occur after training.

G. PIHP action taken related to data collection, fidelity and process monitoring activities to accomplish the goal include,

- All agencies have turned in data for review by Mary Ruffalo @ U of M
- Information was gathered from each of the agencies re: adaptations to the model

H. The target populations/programs served during this quarter include;

Young Adults 18-25 year olds and their families, Casemanagement consumers and their families, and ACT consumers and their families. Persons participating are receiving services at Easter Seals (ES), Training Treatment and Innovations (TTI), and Community Network Services (CNS).

**Total # of unduplicated Consumers served in MFPE as of 6/30/06= 40**

**1<sup>st</sup> Quarter =14**

**2<sup>nd</sup> Quarter=23**

**3<sup>rd</sup> Quarter=3**

**Total # of unduplicated Family Members served in MFPE as of 6/30/06 = 66**

**1<sup>st</sup> Quarter = 31**

**2<sup>nd</sup> Quarter= 32**

**3<sup>rd</sup> Quarter=3**

**SFPE= 1 Consumer/**

**SFPE=2 Family members/**

I. the Authority has contributed financial and in-kind support for consultant to assist in FPE implementation, being involved in the hiring and working with the part time FPE coordinator / support person, and participating in the Learning Collaborative as well as the DCH FPE Sub-Committee. There have been some group development delays but at this point all agencies report they plan to have 4-5 groups each up and running by the end of the first year of this project. Easter Seals and TTI may not reach the 5 groups by the end of the first year. This is a change.

J. Activities planned to address the project's goals and objectives for the next quarter include:

Continue to develop and implement 5 FPE groups by 9/30/06 in all 3 agencies.

- Two FPE Facilitators from Easter Seals will participate in Train the Trainer will begin to develop training plan through the FPE work group and Adult Best Practices to address countywide training needs.

Increase stakeholder awareness (Continue)

- Make available link on Authority website that holds information re: Evidenced Based Practices, Minutes from meetings, etc;
- Complete network wide brochure regarding Family Psychoeducation

Educate stakeholders (Continue)

- Board members, staff, providers, and consumers about best practices and Family Psychoeducation through scheduled presentations including Workshops and trainings.
- Have members of Easter Seals FPE Groups participate in Board Association Conference to educate staff and other stakeholders about FPE.
- Engage family members in Best Practice Work Groups
- Continue participation in DCH FPE sub-committee meetings and the Learning Collaborative.
- Easter Seals 2 Coordinators will provide trainings to Oakland County Staff at provider agencies on FPE.

Address structural and clinical improvement areas

- Utilize the Authority's Best Practice organizational structure particularly the Adult Best Practices Group to address FPE needs.
- Schedule regular meetings of provider/consumer representatives
- Work from comprehensive work plan developed with enhanced stakeholder input to meet goals and objectives.

Evaluation and CQI Activities

- Collect evaluation information per U of M Evaluation plan.
- FPE providers continue to utilize regularly scheduled supervision.
- OCCMHA coordinates and sends data to U of M.
- Data will get presented to Best Practice Work Group and shared with Improving Practices Leadership Team as information becomes available.

## ATTACHMENT C – FAMILY PSYCHOEDUCATION NARRATIVE REPORTING REQUIREMENTS

A program narrative report must be submitted quarterly. Reports are due 30 days following the end of each quarter. (For the first three quarters, reports are due January 31, April 30, and July 31, 2006. The **final report**\* must address the entire fiscal year and is due October 31, 2006). The format shown below should be used for all narrative reports.

\* **FINAL REPORT:** Include a clear description of the actual project outcomes, the specific changes that occurred, and the impact that the project has had on the intended recipients as a result of the intervention. Did the project accomplish the intended goal? Briefly describe the results.

### Michigan Department of Community Health Mental Health and Substance Abuse Administration Improving Practices Infrastructure Development Block Grant Family Psychoeducation Program Narrative Quarterly Report

Report Period: 4-1-06 to 6-30-06

PIHP: NorthCare Network

Program Title: Family PsychoEducation Groups

Executive Director: Doug Morton

Address: 200 W. Spring St Marquette MI 49855

Contact Person: Lucy Olson

Phone: 906-225-7235 Fax : 906-225-5149 E-mail: lolson@up-pathways.org

PCA # \_\_\_\_\_ Contract # 20061249 Federal ID 38-3378350

A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

The PILT has met once this quarter on June 29, 2006. At the meeting there was a spirited discussion as to whether there is sufficient CMHSP staff time to participate in the fidelity studies the team believes should be conducted. The PILT has taken on its own direction and is interested in evaluating the effectiveness of current treatment practices in the Upper Peninsula. As we have studied the EBP in the SAHMSA toolkits, we have learned about the increased efficacy of any one treatment when it is provided in conjunction with other EBPs. This is a mechanism known as "layering". Without baseline information on the effectiveness of the current ACT, supported employment and Drop-In programs, it is not possible to know where to direct energy and dollars to improve practices. Therefore, the team has been reviewing the Fidelity Scales from CMS for the ACT programs and the Supported Employment Programs. We have also obtained a technical assistance guideline on effective consumer run Drop-In programs. The objective of "layering EBPs" to increase their effectiveness would be met by improving all three of these programs. The consumer members of the PILT are very interested in keeping this objective and NorthCare has decided to work with the consumers and its staff to conduct ACT Fidelity reviews this fall. We will work with the regional Vocational Committee to determine how best to approach getting baseline information on supported employment.

B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change. We are beginning to see a ripple effect in the more useful involvement of supervisory staff at the 5 Boards in understanding how to be helpful to the clinicians implementing the EBPs in the region. They are becoming more actively involved in the supervision groups and in understanding the budget of the grant. We will be working this quarter to improve the participation of the members of the groups and the clinicians in the outcomes study with the University of Michigan. We have received technical support from Maine to move forward in the second phase of implementation to establish better referral processes with the CMHSP psychiatrists and the local hospital. The supervisor from Maine will be providing onsite training for the region in September. We are also evaluating how to help keep clinicians motivated to continue deepening in their practice. To that effect, NorthCare is investigating how to establish trainings that will qualify for CEUs for the staff.

C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter. Little activity outside of the CMHSPs has been reported to NorthCare for this quarter. Our intention is to organize our outreach to the professional community in the 4<sup>th</sup> quarter. The FPE project team will also be discussing strategies to reach out to consumers at the next meeting. Currently, the team is reviewing the material Washtenaw developed for education and outreach with their consumers. We are planning a newsletter devoted to EBPs in November 2006.

D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter. The 2 regional supervision groups have been meeting monthly with Phil Collin from Maine. The regional project team is becoming more active as a support for the clinicians. A critical aspect of the success of the supervision is the taping of actual group sessions. This has been an area of difficulty for about 50 % of the groups. We believe that this is primarily a function of the clinicians and the systems awkwardness with initial implementation. The process for seamlessly inviting consumers and family members to participate in improving the actual clinical practice of the treatment was not in place before 7 of the groups were up and running. It is our goal to improve in this area by having at the most one new group unwilling to participate in taping sessions.

E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project. The Outcome Study being conducted by the University of Michigan (U of M) is slowly being implemented. It is clear from the clinicians that this additional paper work is a burden they have not yet developed routines around. Lucy Olson and the Maine supervisor are strategizing how to help the clinicians with these documentation tasks. 5 new staff were trained this quarter. David Block attended the "train the trainers" day in June and will be working with Phil Collin this year to increase his skills.

F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them. The logistical difficulties of participating in statewide meetings for the Recovery Council, the FPE Learning Collaborative and the PILT meetings continue. The decision to bring the Maine supervisor to the Upper Peninsula and to use some grant funds to support the training of our consumer members of the PILT are ways to address some of these challenges. We will continue to have phone conferences with the consumers between



formal meetings to help overcome barriers to full participation on the PILT and project teams.

G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

NorthCare: 1) uses our regional Data Warehouse to collect data on the implementation of FPE groups. 2) continues to participate in the supervision sessions and to document attendance and notes are taken of the sessions. 3) coordinates the collection of data for the U of M outcomes studies. 4) will oversee the fidelity studies of ACT programs using consumer / staff teams for the evaluations.

H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)

See **Attachment C.1** for data on consumers served in Q3 of FY06 at the 5 CMHSPs across the region. Note that our Data Warehouse does not have information on the number of family members participating and only on the specific consumers. Currently the only code showing up in the DW is the G0177 for the problem solving sessions. There will be a meeting on August 9 with the regional coding team to determine why the T1015 code and S5110 codes are not being entered into the system as of the third quarter. This will be corrected by the time the final report for FY 06 is done.

I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

NorthCare has supported this project by providing the coordinator functions using existing PIHP staff. NorthCare has provided the technical support to arrange the video conferencing across the UP and to Maine for the supervision of the group leaders. An amendment was submitted July 15<sup>th</sup> to allow more local training for the FPE clinicians as well as funding for PILT consumer members to attend a conference downstate in July.

J. Describe the activities planned to address the project's goals and objectives for the next quarter.

The 3 regional project teams will continue to work according to their specific work plans and will report to the quarterly PILT meetings about their successes and the obstacles and make any requests for assistance from the team. The training of fidelity program review teams will occupy much of NorthCare's staff and consumer effort over the next 6 months. It is our hope that the Co-occurring project team and the FPE team will work collaboratively in the next year to create Motivational Interviewing training for most clinicians in the region. NorthCare will work with the teams to be sure that clinical documentation is revised to reflect the use of stage wise clinical assessment and treatment is being used for consumers and family members.

Submitted by Lucy Olson, MS, MST, LLP  
NorthCare Utilization Management Coordinator

State Service Description	Board:ClientID	State Service Code	Fiscal Quarter	Units Total	# of Clients	Total Service Charge
Subtotals	Subtotals	Subtotals	Subtotals	177.00		10534.94
Family Psycho-education EBP	Copper County CMH : 23768	G0177	2006-03	1.00	1	190.00
Family Psycho-education EBP	Copper County CMH : 24409	G0177	2006-03	4.00	1	760.00
Family Psycho-education EBP	Northpointe : 0013137	G0177	2006-03	4.00	1	103.55
Family Psycho-education EBP	Copper County CMH : 26113	G0177	2006-03	2.00	1	380.00
Family Psycho-education EBP	Copper County CMH : 17787	G0177	2006-03	2.00	1	380.00
Family Psycho-education EBP	Gogebic CMH : 0000493	G0177	2006-03	6.00	1	249.08
Family Psycho-education EBP	Northpointe : 0004946	G0177	2006-03	3.00	1	89.17
Family Psycho-education EBP	Gogebic CMH : 0000942	G0177	2006-03	1.00	1	29.62
Family Psycho-education EBP	Northpointe : 0004772	G0177	2006-03	2.00	1	54.17
Family Psycho-education EBP	Gogebic CMH : 0002003	G0177	2006-03	6.00	1	249.08
Family Psycho-education EBP	Northpointe : 0003634	G0177	2006-03	3.00	1	89.17
Family Psycho-education EBP	Gogebic CMH : 0002589	G0177	2006-03	2.00	1	63.47
Family Psycho-education EBP	Northpointe : 0001906	G0177	2006-03	4.00	1	96.26
Family Psycho-education EBP	Gogebic CMH : 0002645	G0177	2006-03	4.00	1	142.45
Family Psycho-education EBP	Northpointe : 0001249	G0177	2006-03	5.00	1	141.47
Family Psycho-education EBP	Gogebic CMH : 0002845	G0177	2006-03	5.00	1	201.69
Family Psycho-education EBP	Gogebic CMH : 0004651	G0177	2006-03	6.00	1	249.08
Family Psycho-education EBP	Gogebic CMH : 0005037	G0177	2006-03	5.00	1	189.84
Family Psycho-education EBP	Hiawatha : 17093	G0177	2006-03	2.00	1	174.70

Family Psycho-education EBP	Hiawatha : 030662	G0177	2006-03	1.00	1	87.35
Family Psycho-education EBP	Hiawatha : 032254	G0177	2006-03	2.00	1	174.70
Family Psycho-education EBP	Hiawatha : 033853	G0177	2006-03	4.00	1	349.40
Family Psycho-education EBP	Hiawatha : 034055	G0177	2006-03	2.00	1	174.70
Family Psycho-education EBP	Hiawatha : 034122	G0177	2006-03	3.00	1	262.05
Family Psycho-education EBP	Hiawatha : 034578	G0177	2006-03	3.00	1	262.05
Family Psycho-education EBP	Hiawatha : 13090	G0177	2006-03	2.00	1	174.70
Family Psycho-education EBP	Copper Country CMH : 19152	G0177	2006-03	2.00	1	380.00
Family Psycho-education EBP	Hiawatha : 15151	G0177	2006-03	3.00	1	0.00
Family Psycho-education EBP w/o consumer	Pathways : 33949	G0177	2006-03	6.00	1	335.70
Family Psycho-education EBP	Hiawatha : 16323	G0177	2006-03	1.00	1	0.00
Family Psycho-education EBP	Hiawatha : 16593	G0177	2006-03	1.00	1	0.00
Family Psycho-education EBP	Northpointe : 0013272	G0177	2006-03	1.00	1	21.88
Family Psycho-education EBP	Northpointe : 0007589	G0177	2006-03	1.00	1	25.00
Family Psycho-education EBP	Northpointe : 0007241	G0177	2006-03	6.00	1	154.60
Family Psycho-education EBP	Pathways : 32462	G0177	2006-03	6.00	1	335.70
Family Psycho-education EBP	Pathways : 23208	G0177	2006-03	1.00	1	167.85
Family Psycho-education EBP	Pathways : 33904	G0177	2006-03	8.00	1	671.40
Family Psycho-education EBP	Pathways : 22394	G0177	2006-03	1.00	1	167.85
Family Psycho-education EBP	Pathways : 40324	G0177	2006-03	7.00	1	503.55
Family Psycho-education EBP	Northpointe : 0006682	G0177	2006-03	3.00	1	89.17

Family Psycho-education EBP	Pathways : 41598	G0177	2006-03	1.00	1	167.85
Family Psycho-education EBP	Northpointe : 0014806	G0177	2006-03	7.00	1	198.35
Family Psycho-education EBP	Northpointe : 0014780	G0177	2006-03	4.00	1	105.01
Family Psycho-education EBP	Pathways : 45551	G0177	2006-03	4.00	1	503.55
Family Psycho-education EBP	Pathways : GO177	G0177	2006-03	3.00	1	0.00
Family Psycho-education EBP	Northpointe : 0005355	G0177	2006-03	3.00	1	89.17
Family Psycho-education EBP	Northpointe : 0014710	G0177	2006-03	2.00	1	64.17
Family Psycho-education EBP w/o consumer	Copper Country CMH : 27614	G0177	2006-03	4.00	1	760.00
Family Psycho-education EBP	Northpointe : 0013842	G0177	2006-03	3.00	1	68.55
Family Psycho-education EBP	Northpointe : 0013607	G0177	2006-03	4.00	1	90.43
Family Psycho-education EBP	Northpointe : 0013479	G0177	2006-03	3.00	1	61.26
Family Psycho-education EBP	Northpointe : 0013282	G0177	2006-03	4.00	1	119.59
Family Psycho-education EBP w/o consumer	Gogebic CMH : 0002845	G0177	2006-03	1.00		
Family Psycho-education EBP	Northpointe : 0005311	G0177	2006-03	3.00	1	89.17

**Michigan Department of Community Health  
Mental Health and Substance Abuse Administration  
Improving Practices Infrastructure Development Block Grant  
Family Psychoeducation  
Program Narrative  
Quarterly Report**

Report Period: April 1, 2006 through June 30, 2006

PIHP: Venture Behavioral Health

Program Title: Family Psychoeducation

Executive Director: Brad Casemore

Address: 3630 Capital Avenue, SW, Battle Creek, MI 49015

Contact Person: Lori Diaz, Ph.D., LP

Phone: 269-979-9132 Fax: 269-979-9728 E-mail:

PCA #: \_\_\_\_\_ Contract #: 20061252 Federal ID: 38-3318175

- A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

The Improving Practices Leadership Team (IPLT) continues to meet every other month. The focus of the IPLT continues to be on implementing Family Psychoeducation, although we are expanding to discuss CCISC/IDDT and other EBP's that we are doing in our affiliation such as CBT, DBT, etc. Each affiliate continues to be in different stages of FPE implementation and systems transformation. For example, one affiliate has implemented the first FPE group very well, but has some challenges with CCISC while another affiliate is very far along in integrating mental health and substance abuse treatment, but is struggling with FPE implementation due to staffing issues. We continue to learn from each other and the Improving Practices Leadership Team meetings has been a wonderful forum to learn from one another, share successes, problem solve challenges and brain storm solutions.

At the last IPL Team meeting, we revisited the make-up and purpose of the IPL Team meetings. The consumer participation has been lacking in the last two meetings and we have been overly focused on FPE implementation as there are other committees with a similar charter. We discussed the need for more consumer involvement and adding other consumer positions to the IPL Team membership. During this quarter, one of our affiliates sent a consumer to the FPE training, and we are looking forward to that consumer's involvement on the IPL Team. Each other affiliate had ideas of other consumers who could be involved and we will be asking consumers to partner with us and become involved in the IPL Team.

Also at the last IPL Team meeting, we re-visited our work plan and discussed the work plan for the next fiscal year. We updated those pieces that have been accomplished, discussed

plans for accomplishing the pieces that are outstanding for the next quarter and began discussing the plans for the next fiscal year. This was a very productive process as it allowed us to clearly identify our successes and strengths while also pointing out areas where we still have work to do or areas we need to re-visit and make changes for next year.

- B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.

The Improving Practices Leadership Team has been a good forum for promoting the systems change activities. The collaboration and problem solving amongst the affiliates around the implementation of FPE during IPL Team meetings is an example of a systems change process.

The FPE Program Leader continues to work with each site in identifying specific barriers to implementation and assisting each affiliate in the systems change process. The FPE Program Leader meets with those sites that are experiencing systems related challenges, assisting them in problem solving and developing action steps to promote systems change and implementation of FPE.

With the implementation of FPE, staff continues to be excited about the feedback they are receiving from families who are involved in this program. The incorporation of the family more systematically into treatment has been powerful for the consumers, families and staff. This will have a tremendous impact as the sites who are implementing FPE experience this success and spread the word to their coworkers/colleagues.

- C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

Within each affiliate, the administrators, supervisors and staff continue to build consensus within their agencies through a number of means including presenting information to staff, their administration and their Boards and other service providers in the community. We have also been collaborating with other services within the organization and within the community who provide services to the targeted population such as jail programs, community collaborative bodies, drop-in facilities, substance abuse providers, clubhouses, etc.

The feedback from all of our efforts has been very positive. There is a great deal of support for Family Psychoeducation by other systems and agencies.

- D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.

### **Phase 1- Consensus Building**

Awareness: The activities that we had planned in our work plan associated with a specific time frame have been accomplished.

**Education:** We have sent more than two teams from Riverwood, Summit Pointe and Barry County. We did not send a second team from Van Buren as they experienced a staffing problem and was not able to send a second team to training in June. Pines sent three people to training in November, 1995 and one person in June, 2006; however, one person who was trained in November was reassigned to another role, so there is one team and one other person trained at Pines. Both affiliates are committed to having two teams at their affiliate and will plan to send another team when the next FPE training is scheduled.

**Structural and Clinical Improvement:** All activities planned for the first three quarters have been accomplished.

**Adaptation and Evaluation:** All activities have been accomplished.

## **Phase II: Enacting**

### **Awareness:**

1. Meetings with FPE clinical staff twice per year: first meeting held 2/2006 and we will be scheduling a second meeting during the fourth quarter.
2. Annual update to stakeholders- completed in 1/2006
3. Bi-monthly IPLT meetings- these have been held regularly every other month
4. Annual update to VBH board and affiliate CEOs- completed 1/17/2006
5. Annual survey via member and provider newsletter- scheduled for q4
6. Annual meeting with VBH member advisory council- Completed April 17, 2006

### **Structural and Clinical Improvement:**

1. **Work with VBH PIC to implement** process to collect and analyze data- this has not been completed as only one affiliate has begun FPE groups, thus there has not been any data to this point. The FPE program leader has implemented a process to collect data and send to U of M for the evaluation. This will be moved to Q4.
2. IP team and IPC will identify and define a core set of competencies as well as develop trainings to support clinical needs and areas of improvement- We have identified the need for staff to improve their ability to diagnose substance abuse in our population and treat co-occurring disorders and are implementing regional training in substance abuse. We also plan to send additional staff in June to the FPE training.
3. Based on core competencies and training needs, will develop an annual training plan- this is being accomplished through the HRM committee at Venture. The following trainings have been/are being conducted in Q4: DBT, CBT, FPE (June, 2006), Integrated Treatment for Co-Occurring Disorders.

### **Continual Improvement and Support**

1. IPLT and PIC will use performance data to identify areas of improvement- there is not yet enough data.
2. Based on feedback from clinical staff, training enhancements will be identified and defined- needs will be presented to MACMHB- Venture has brought this information to MACMHB via monthly subcommittee meetings.

- E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and their roles in the FPE project.

FPE Training- June 20-22, 2006

- 13 staff attended the FPE training- 3 from Barry County (1 consumer); 6 from Riverwood; 3 from Summit Pointe, 1 from Pines

Those who attended the FPE training provided positive feedback about the training. This training will be used to further implement FPE at the affiliates. Staff trained are planning to implement FPE groups at their affiliate. Once consumer attended the FPE training. The consumer will be active on the IPL Team as well as with the FPE groups in Barry County. We are also planning to engage this consumer in going to other counties to build awareness of FPE and assist the other sites that are having challenges in implementing FPE.

Learning Collaborative- May 12, 2006

- Several staff attended this learning collaborative. Feedback was very positive and staff came home with ideas and clarifications of the model to assist with FPE implementation.

- F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

We have been able to meet most of our work plan goals for this quarter with the following exceptions:

1. Pines and Van Buren were not able to have two teams at their affiliate as planned. Each affiliate has experienced some staffing difficulties that have been barriers to doing this. They are both planning to send staff to the next training when it is scheduled.

- G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish project goal.

The PIHP is participating in the statewide evaluation- contracted with the University of Michigan. We have received information from Mary Ruffolo regarding the evaluation and met with her in January to discuss the PIHP's/affiliates' roles in providing the data for the evaluation. We are clear about the data needed to be collected. The FPE program leader is taking responsibility for coordinating the data collection efforts at each affiliate and ensuring that the data is sent to U of M.

- H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)



Four of the five affiliates have begun implementing FPE. One affiliate has had the workshop and has been doing the multifamily groups for three months. Another affiliate has completed joining and held a workshop, however, three of the five families did not attend the workshop, so they are planning a second workshop and will then begin the multifamily group process. They continue to engage the two families who did attend the workshop in single family sessions. The third affiliate is in the process of joining and will be scheduling their workshop in the near future. The fourth affiliate has begun doing FPE in a single family format with two families and will begin a multifamily group format when they have enough families. The fourth affiliate has had some staffing turnover and sent staff to the June training, so they will begin engaging families for FPE.

### 3<sup>rd</sup> Quarter data:

Unduplicated consumers: 15

Unduplicated support persons: 23

Age	Gender	Diagnosis
18-25- 4	Female- 8	Schizoaffective- 4
26-35- 5	Male- 7	Psychotic D/O NOS- 4
36-45- 3		Mood Disorder 1
46-55- 3		Schizophrenia- 4
		GAD- 1
		Bipolar D/O 1
		(with psychotic features)
		Depressive D/O 1
		(with psychotic features)
		*One consumer had two diagnoses

### Cumulative Data- (Q1-Q3)

Unduplicated consumers: 15

Unduplicated support persons: 23

Age	Gender	Diagnosis
18-26- 4	Female- 8	Schizoaffective- 4
26-36- 5	Male- 7	Psychotic D/O NOS- 4
36-45- 3		Mood Disorder 1
46-55- 3		Schizophrenia- 4
		GAD- 1
		Bipolar D/O 1
		(with psychotic features)
		Depressive D/O 1
		(with psychotic features)
		*One consumer had two diagnoses

- I. Describe the PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

Currently, the PIHP is utilizing grant dollars to implement FPE. Each affiliate is developing their FPE programs to be sustainable after the grant is completed by incorporating the program into their current spectrum of services and using Medicaid dollars for Medicaid eligible consumers for service provision. The PIHP will continue to monitor FPE at all affiliates through the current Health Resource Management Committee as well as the Improving Practices Leadership Team and Program Improvement activities that are ongoing.

We submitted an amended budget in July, 2006 due to the need to send additional people to training that was not in the original budget.

- J. Describe the activities planned to address the project's goals and objectives for the next quarter.

1. IPLT will meet with clinical staff twice per year.
2. Meet with IS representatives to identify requirements for monitoring and tracking of FPE activities.
3. Conduct an annual survey.



## **Program Narrative Quarterly Report**

**Reporting Period:** April - June 2006

**PIHP:** Washtenaw Community Health Organization

**Program Title:** Multiple Family Group Psychoeducation Implementation Initiative

**Executive Director:** Kathy Reynolds

**Address:**

WCHO Towner II  
555 Towner-Rd  
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**PCA #:**

**Contract:** 20061253

**Federal ID:** 38-3562266

**A. Briefly summarize the systems transformation efforts and implementation activities of the IPLT.**

The IPLT continues to meet monthly to monitor progress and provide support to the local affiliates. A status report by county includes:

**Lenawee County**

- Joining to start in August with a plan to hold the first Family Skills Workshop the first week in October.
- Two staff attended the June Family Psychoeducation Training in Romulus.
- Two staff attended the May Learning Collaborative.

**Livingston County**

- Joining to **begin** in August with a Family Skills Workshop scheduled for September 30<sup>th</sup>.
- Six staff attended the June Family Psychoeducation Training in Romulus.
- The president of National Alliance for the Mentally Ill of Livingston County attended the June Psychoeducation Training in Romulus.

**Monroe County**

The family skills workshop scheduled for April was rescheduled due to staff turnover and a staff person going on a six week medical leave.

Two staff attended the June Family Psychoeducation Training in Romulus.

- Two staff attended the May Learning Collaborative.

**Washtenaw County**

- One staff person was sent to the March Learning Collaborative.
- The capacity for fidelity monitoring in the affiliation Electronic Medical Record is ongoing.
- A total of ten groups currently in place.
- Twelve staff attended the June Family Psychoeducation Training in Romulus.
- Five staff attended the June Train the Trainer training in Romulus.
- Two staff attended the May Learning Collaborative.

**B. Briefly describe the systems change process activities during this quarter and the impact of this EBP process on creating systems change.**

Each affiliate has developed a more detailed work plan that includes specific tasks, timelines and accountability assignments. This has helped to better clearly defined plans to address opportunity areas.

**C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.**

This quarter the affiliation evidence based practice coordinator and IPLT met with the Affiliation Executive Committee (AEC) to address staff concerns related to the executive directors not being up to date with needed information related to the practice roll out. The AEC is a meeting of the affiliate/county executive directors and the PIHP director. It has been almost a year since the grant was written and it seemed appropriate to update the AEC on progress to date and receive a recommitment to the roll out of this practice. The directors were encouraged by the progress to date and agreed to continue voicing their support for the roll out as described in the work plans.

**D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.**

The objects are:

1. Identify a Family Psychoeducation Coordinator in each county.  
Completed
2. Build Consensus in each community/county through educating stakeholders  
Completed
3. Identify barriers and plans to overcome barriers  
On-going
4. Train staff in the theory and practice of the model  
On-going
5. Implement a fidelity and outcome monitoring system in the region  
Complete in Washtenaw
6. Implement at least one group in each county during 2006  
Not Completed

- E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving practices. Identify the unduplicated number of staff trained and each of their roles in the FPE project.**

**Training & Roles**

Twenty two affiliation staff attended the June three day training and train the trainer training. The training provided the knowledge required to move forward with joining in Lenawee and Livingston Counties.

**Technical Assistance**

Several staff attended the May Learning Collaborative. Regular supervision meetings continue to occur with all counties. The DCH EBP list serve continues to be accessed by staff for education and information.

**Program Development & Practice Improvement**

Washtenaw County is working to maintain sustainability and fidelity of groups through developing professional development and internal group supervision programs. This is a model the other counties will use once groups in their county are established. An affiliation wide learning collaborative program is also being considered. The collaborative would be coordinated by the IPLT and led by the local family psychoeducation coordinators.

- F. Briefly identify any changes or issues encountered in implementation during this quarter and the action taken to address them.**

Livingston County CMH decided to use their portion of the grant funding to support a contract with the NAMI of Livingston County (NAMI of LC). The contract will focus on the combined efforts of Livingston County CMH and NAMI of LC to implement the evidence based practice of family psychoeducation. The two agencies had already established a team approach to delivering family education programming in the Livingston County CMH clinics. This new arrangement will allow for the collaboration to now focus on implementing evidence based family psychoeducation. An amendment to the grant is to be sent to the Michigan Department of Community Health to address this change. Groups in three of the four counties are slower to start than anticipated. Staffing changes and decisions by management at some counties to wait to send staff to the June training, instead of the November 2005 training, are reasons for this delay.

- G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.**

Dr Ruffolo is scheduled to meet again with local family psychoeducation coordinators to discuss how data is to be collected. Data collection has begun in Washtenaw County.

- H. Describe the largest population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative**

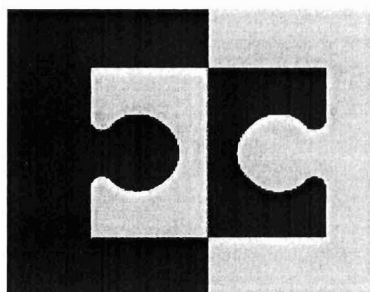
**number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)**  
There are currently ten groups underway in Washtenaw County. Total consumers served this quarter are sixty eight. The largest population is people with thought disorders.

- I. Describe the PHIP financial and in-kind support utilized to support this project and status of sustainable planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?**

An amendment will be filed to reflect changes to the financials as indicated in section F. Washtenaw County is leading the way in modeling sustainability planning as discussed in section E.

- J. Describe the activities planned to address the project's goals and objectives for the next quarter.**

Counties have made significant progress in detailing their Family Psychoeducation roll out project management plans. Next quarter will see the completion of joining by Lenawee, Livingston and Monroe counties with the start of a family psychoeducation group in those counties in October. Washtenaw will have completed a training plan and group supervision process to ensure sustainability with fidelity.



Community Mental Health Partnership  
of Southeastern Michigan

## **Program Narrative Quarterly Report**

**Reporting Period:** April - June 2006

**PIHP:** Washtenaw Community Health Organization

**Program Title:** Multiple Family Group Psychoeducation Implementation Initiative

**Executive Director:** Kathy Reynolds

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**PCA #:**

**Contract:** 20061253

**Federal ID:** 38-3562266

**A. Briefly summarize the systems transformation efforts and implementation activities of the IPLT.**

The IPLT continues to meet monthly to monitor progress and provide support to the local affiliates. A status report by county includes:

**Lenawee County**

- Joining to start in August with a plan to hold the first Family Skills Workshop the first week in October.
- Two staff attended the June Family Psychoeducation Training in Romulus.
- Two staff attended the May Learning Collaborative.

**Livingston County**

- Joining to begin in August with a Family Skills Workshop scheduled for September 30<sup>th</sup>.
- Six staff attended the June Family Psychoeducation Training in Romulus.
- The president of National Alliance for the Mentally Ill of Livingston County attended the June Psychoeducation Training in Romulus.

**Monroe County**

- The family skills workshop scheduled for April was rescheduled due to staff turnover and a staff person going on a six week medical leave.
- Two staff attended the June Family Psychoeducation Training in Romulus.
- Two staff attended the May Learning Collaborative.

#### **Washtenaw County**

- One staff person was sent to the March Learning Collaborative.
- The capacity for fidelity monitoring in the affiliation Electronic Medical Record is ongoing.
- A total of ten groups currently in place.
- Twelve staff attended the June Family Psychoeducation Training in Romulus.
- Five staff attended the June Train the Trainer training in Romulus.
- Two staff attended the May Learning Collaborative.

**B. Briefly describe the systems change process activities during this quarter and the impact of this EBP process on creating systems change.**

Each affiliate has developed a more detailed work plan that includes specific tasks, timelines and accountability assignments. This has helped to better clearly defined plans to address opportunity areas.

**C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.**

This quarter the affiliation evidence based practice coordinator and IPLT met with the Affiliation Executive Committee (AEC) to address staff concerns related to the executive directors not being up to date with needed information related to the practice roll out. The AEC is a meeting of the affiliate/county executive directors and the PIHP director. It has been almost a year since the grant was written and it seemed appropriate to update the AEC on progress to date and receive a recommitment to the roll out of this practice. The directors were encouraged by the progress to date and agreed to continue voicing their support for the roll out as described in the work plans.

**D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.**

The objects are:

1. Identify a Family Psychoeducation Coordinator in each county.  
Completed
2. Build Consensus in each community/county through educating stakeholders  
Completed
3. Identify barriers and plans to overcome barriers  
On-going
4. Train staff in the theory and practice of the model  
On-going
5. Implement a fidelity and outcome monitoring system in the region  
Complete in Washtenaw
6. Implement at least one group in each county during 2006  
Not Completed



- E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving practices. Identify the unduplicated number of staff trained and each of their roles in the FPE project.**

**Training & Roles**

Twenty two affiliation staff attended the June three day training and train the trainer training. The training provided the knowledge required to move forward with joining in Lenawee and Livingston Counties.

**Technical Assistance**

Several staff attended the May Learning Collaborative. Regular supervision meetings continue to occur with all counties. The DCH EBP list serve continues to be accessed by staff for education and information.

**Program Development & Practice Improvement**

Washtenaw County is working to maintain sustainability and fidelity of groups through developing professional development and internal group supervision programs. This is a model the other counties will use once groups in their county are established. An affiliation wide learning collaborative program is also being considered. The collaborative would be coordinated by the IPLT and led by the local family psychoeducation coordinators.

- F. Briefly identify any changes or issues encountered in implementation during this quarter and the action taken to address them.**

Livingston County CMH decided to use their portion of the grant funding to support a contract with the NAMI of Livingston County (NAMI of LC). The contract will focus on the combined efforts of Livingston County CMH and NAMI of LC to implement the evidence based practice of family psychoeducation. The two agencies had already established a team approach to delivering family education programming in the Livingston County CMH clinics. This new arrangement will allow for the collaboration to now focus on implementing evidence based family psychoeducation. An amendment to the grant is to be sent to the Michigan Department of Community Health to address this change. Groups in three of the four counties are slower to start than anticipated. Staffing changes and decisions by management at some counties to wait to send staff to the June training, instead of the November 2005 training, are reasons for this delay.

- G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.**

Dr Ruffolo is scheduled to meet again with local family psychoeducation coordinators to discuss how data is to be collected. Data collection has begun in Washtenaw County.

- H. Describe the largest population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative**

**number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)** There are currently ten groups underway in Washtenaw County. Total consumers served this quarter are sixty eight. The largest population is people with thought disorders.

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